

# St James and St John Church of England Primary School

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Please read all sections of this form and the Admissions Policy very carefully before you complete this form. Please complete all relevant sections in full.

## SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO ST JAMES AND ST JOHN SCHOOL RECEPTION CLASS 2027-28

### OFFICE USE ONLY

DATE FORM RECEIVED:

DISTANCE FROM SCHOOL:

### Family Details

Child's first name	Family name
Date of birth	
Address (including full post code and London borough)	
Post Code:	Local Authority:
Does this child currently have a sibling attending St James and St John school? YES / NO	
Name(s)	Class
Parent / carer's* full name	*Carer's relationship to child
Home contact number / mobile	Contact number
Parent / carer's signature	Date
I confirm that the above information is correct.	
Signed .....	

THIS SUPPLEMENTARY INFORMATION FORM FOR PARENTS APPLYING IN THE NORMAL ADMISSIONS ROUND FOR RECEPTION CLASS UNDER OVERSUBSCRIPTION CRITERIAS 2, 4, 5 AND 6 **MUST BE RETURNED TO THE SCHOOL OFFICE BY THE DEADLINE OF 15<sup>TH</sup> JANUARY 2027.**

## CHURCH ATTENDANCE CRITERIA SECTION

Only complete this part of the form if you are applying under Church attendance criteria 2, 4, or 5 of the Admissions Policy

### Place of Worship – Christian Church

<b>Name, address and denomination of Christian Church</b>

### **TO BE COMPLETED BY A PRIEST/ MINISTER ONLY**

Please note that this section of the form must be completed by a priest / minister/ religious leader who is able to do so from personal knowledge of the applicant and family concerned.

<b>Priest / Minister's name</b>	
<b>Telephone number:</b>	
<b>Has at least one parent/carer attended public worship services at this place of worship <u>at least 26 weeks per year for a period of two years?</u></b>	
<b>Signed</b>	<b>Date</b>
<b>Place of worship stamp (if available)</b>	

## OTHER MAJOR WORLD FAITHS SECTION

Only complete this part of the form if you are applying under Other major world faiths criteria 6 of the Admissions Policy

**Place of Worship – Other major world faith**

Name and address	Religion

**TO BE COMPLETED BY A RELIGIOUS LEADER ONLY**

Please note that this section of the form must be completed by a priest / minister/ religious leader who is able to do so from personal knowledge of the applicant and family concerned.

<b>Religious Leader's name</b>	
<b>Telephone number:</b>	
<b>Has at least one parent/carer attended public worship services at this place of worship <u>at least 26 weeks per year for a period of two years OR can you confirm they are committed members of the faith community?</u></b>	
<b>Signed</b>	<b>Date</b>
<b>Place of worship stamp (if available)</b>	